

Please type a plus sign (+) inside this box →

02-05-21

A
PTO/SB/05 (08-00) (modified)

Approved for use through 9/30/2001, OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

NEW UTILITY PATENT APPLICATION TRANSMITTAL

(only for new nonprovisional applications under
37 CFR 1.53(b))

| | |
|------------------------|---|
| Attorney Docket Number | 21673-05635 |
| First Named Inventor | Beerud D. Sheth |
| Title | Method and System for an On-Line Private Marketplace |
| Express Mail Label No. | EL482716396US |

102-05-21
097757
02/07/01

APPLICATION ELEMENTS

- Fee Transmittal Form (in duplicate)
- Applicant claims small entity status.
See 37 CFR 1.27
- Specification Total Pages 40
 - Descriptive Title of the Invention
 - Cross Reference(s) to Related Case(s)
 - Statement Regarding Fed sponsored R & D
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawing(s)
 - Detailed Description
 - Claim or Claims
 - Abstract of the Disclosure
- Drawings (informal) Total Sheets 58
(35 U.S.C. 113)
- Oath or Declaration
 - New Declaration Total Pages 2
 - Executed (original or copy)
 - Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

ACCOMPANYING APPLICATION PARTS

- Assignment Papers (cover sheet & document(s))
- Certified Copy of Priority Document(s) (if foreign priority is claimed)
- Power of Attorney or Authorization of Agent
- 37 CFR 3.73(b) Statement
- Preliminary Amendment
- Information Disclosure Statement & PTO-1449
 - Copies of IDS Citation(s)
- Request and Certification under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent
- Return Postcard
-
-
-
-

ADDRESS TO:

Box Patent Application
Commissioner for Patents
Washington, D.C. 20231

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No. 09/648,408

Prior application information: Examiner: Unknown

Group/Art Unit: 2181

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuing or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

Customer Number and Bar Code
Label



00758

PATENT TRADEMARK OFFICE

| | | | |
|-------------------|----------------------|-----------------------------------|--------|
| Name (Print/Type) | Lorell A. Birnschein | Registration No. (Attorney/Agent) | 46,555 |
| Signature | | Date | 2/1/01 |

| 0002/PTO(modified) Rev. 10/2000 | | U.S. Department of Commerce Patent and Trademark Office | | Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Completes if Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FEE TRANSMITTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subtotal (1) + Subtotal (2) + Subtotal (3) = | | (\$485.00) | | Attorney Docket Number | | 21673-05635 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT | | | | FEES CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. The Commissioner is hereby authorized to:</p> <p><input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. [†]</p> <p><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> | | | | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="2"></th> </tr> <tr> <th>Fee Code/Fee</th> <th>Fee Code/Fee</th> <th colspan="2">Fee Description</th> </tr> </thead> <tbody> <tr> <td>105/\$130</td> <td>206/\$85</td> <td colspan="2">Surcharge - late filing fee or oath</td> </tr> <tr> <td>127/\$50</td> <td>227/\$25</td> <td colspan="2">Surcharge-late provisional filing fee or cover sheet</td> </tr> <tr> <td>147/\$2,520</td> <td>147/\$2,520</td> <td colspan="2">For filing a request for reexamination</td> </tr> <tr> <td>115/\$110</td> <td>215/\$55</td> <td colspan="2">Extension for response within first month[†]</td> </tr> <tr> <td>116/\$390</td> <td>216/\$195</td> <td colspan="2">Extension for response within second month[†]</td> </tr> <tr> <td>117/\$890</td> <td>217/\$445</td> <td colspan="2">Extension for response within third month[†]</td> </tr> <tr> <td>118/\$1,390</td> <td>218/\$695</td> <td colspan="2">Extension for response within fourth month[†]</td> </tr> <tr> <td>126/\$1,890</td> <td>228/\$945</td> <td colspan="2">Extension for response within fifth month[†]</td> </tr> <tr> <td>119/\$310</td> <td>219/\$155</td> <td colspan="2">Notice of Appeal</td> </tr> <tr> <td>141/\$1,240</td> <td>241/\$620</td> <td colspan="2">Petition to revive unintentionally abandoned application</td> </tr> <tr> <td>142/\$1,240</td> <td>242/\$620</td> <td colspan="2">Utility Issue Fee (Or Reissue)</td> </tr> <tr> <td>122/\$130</td> <td>122/\$130</td> <td colspan="2">Petitions to the Commissioner</td> </tr> <tr> <td>126/\$180</td> <td>126/\$180</td> <td colspan="2">Submission of Information Disclosure Statement</td> </tr> <tr> <td>179/\$710</td> <td>279/\$355</td> <td colspan="2">Request for Continued Examination (RCE)</td> </tr> <tr> <td>581/\$40</td> <td>581/\$40</td> <td colspan="2">Recording each patent assignment per property (times number of properties)</td> </tr> <tr> <td>146/\$710</td> <td>246/\$355</td> <td colspan="2">Filing a submission after final rejection (37 CFR 1.129(a))</td> </tr> <tr> <td>149/\$710</td> <td>249/\$355</td> <td colspan="2">For each additional invention to be examined (37 CFR 1.129(b))</td> </tr> <tr> <td colspan="4" style="text-align: center;">Other fee (specify):</td> </tr> <tr> <td colspan="4" style="text-align: center;">Other fee (specify):</td> </tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (1) (\$355.00)</td> <td colspan="2" style="text-align: right;">SUBTOTAL (3) (\$40.00)</td> </tr> <tr> <td colspan="4"> <p>2. CLAIMS</p> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="2"></th> </tr> <tr> <th>Fee Code/Fee</th> <th>Fee Code/Fee</th> <th colspan="2">Fee Description</th> </tr> </thead> <tbody> <tr> <td>103/\$18</td> <td>203/\$9</td> <td colspan="2">Claims in excess of 20</td> </tr> <tr> <td>102/\$80</td> <td>202/\$40</td> <td colspan="2">Independent claims in excess of 3</td> </tr> <tr> <td>104/\$270</td> <td>204/\$135</td> <td colspan="2">Multiple dependent claim</td> </tr> <tr> <td>100/\$80</td> <td>200/\$40</td> <td colspan="2">Reissue independent claims over original patent</td> </tr> <tr> <td>110/\$18</td> <td>210/\$9</td> <td colspan="2">Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> </td> <td colspan="4"> <table border="1"> <thead> <tr> <th colspan="2">(Col. 1)</th> <th colspan="2">(Col. 2)</th> <th colspan="2">(Col. 3)</th> <th colspan="2"></th> </tr> <tr> <th>For</th> <th>No of Existing Claims</th> <th>Highest No Previously Paid For</th> <th>minus*</th> <th>Extra**</th> <th>Fee</th> <th>Fee Due</th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td>30</td> <td>20 or 0</td> <td>=</td> <td>10</td> <td>x 9</td> <td>= 90</td> </tr> <tr> <td>INDEP</td> <td>3</td> <td>3 or 0</td> <td>=</td> <td>0</td> <td>x 40</td> <td>= 0</td> </tr> <tr> <td colspan="8">[] First presentation of multiple dependent claim</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="4"> <p>* Subtract the greater number of Col. 2</p> <p>** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3</p> </td> <td colspan="4" style="text-align: right;">SUBTOTAL (2) (\$90.00)</td> </tr> <tr> <td colspan="4">SUBMITTED BY</td> <td colspan="4">Complete (if applicable)</td> </tr> <tr> <td colspan="2">Typed or Printed Name</td> <td colspan="2">Lorrel A. Birnschein</td> <td colspan="2">Reg. Number</td> <td colspan="2">46,555</td> </tr> <tr> <td colspan="2">Signature</td> <td colspan="2"></td> <td colspan="2">Date</td> <td colspan="2">2/1/01</td> </tr> </tbody></table> | | | | Large Entity | Small Entity | | | Fee Code/Fee | Fee Code/Fee | Fee Description | | 105/\$130 | 206/\$85 | Surcharge - late filing fee or oath | | 127/\$50 | 227/\$25 | Surcharge-late provisional filing fee or cover sheet | | 147/\$2,520 | 147/\$2,520 | For filing a request for reexamination | | 115/\$110 | 215/\$55 | Extension for response within first month [†] | | 116/\$390 | 216/\$195 | Extension for response within second month [†] | | 117/\$890 | 217/\$445 | Extension for response within third month [†] | | 118/\$1,390 | 218/\$695 | Extension for response within fourth month [†] | | 126/\$1,890 | 228/\$945 | Extension for response within fifth month [†] | | 119/\$310 | 219/\$155 | Notice of Appeal | | 141/\$1,240 | 241/\$620 | Petition to revive unintentionally abandoned application | | 142/\$1,240 | 242/\$620 | Utility Issue Fee (Or Reissue) | | 122/\$130 | 122/\$130 | Petitions to the Commissioner | | 126/\$180 | 126/\$180 | Submission of Information Disclosure Statement | | 179/\$710 | 279/\$355 | Request for Continued Examination (RCE) | | 581/\$40 | 581/\$40 | Recording each patent assignment per property (times number of properties) | | 146/\$710 | 246/\$355 | Filing a submission after final rejection (37 CFR 1.129(a)) | | 149/\$710 | 249/\$355 | For each additional invention to be examined (37 CFR 1.129(b)) | | Other fee (specify): | | | | Other fee (specify): | | | | SUBTOTAL (1) (\$355.00) | | SUBTOTAL (3) (\$40.00) | | <p>2. 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Birnschein | | Reg. Number | | 46,555 | | Signature | |  | | Date | | 2/1/01 | |
| Large Entity | Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code/Fee | Fee Code/Fee | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105/\$130 | 206/\$85 | Surcharge - late filing fee or oath | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127/\$50 | 227/\$25 | Surcharge-late provisional filing fee or cover sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 147/\$2,520 | 147/\$2,520 | For filing a request for reexamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 115/\$110 | 215/\$55 | Extension for response within first month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 116/\$390 | 216/\$195 | Extension for response within second month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 117/\$890 | 217/\$445 | Extension for response within third month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 118/\$1,390 | 218/\$695 | Extension for response within fourth month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 126/\$1,890 | 228/\$945 | Extension for response within fifth month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 119/\$310 | 219/\$155 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 141/\$1,240 | 241/\$620 | Petition to revive unintentionally abandoned application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 142/\$1,240 | 242/\$620 | Utility Issue Fee (Or Reissue) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 122/\$130 | 122/\$130 | Petitions to the Commissioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 126/\$180 | 126/\$180 | Submission of Information Disclosure Statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 179/\$710 | 279/\$355 | Request for Continued Examination (RCE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 581/\$40 | 581/\$40 | Recording each patent assignment per property (times number of properties) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 146/\$710 | 246/\$355 | Filing a submission after final rejection (37 CFR 1.129(a)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 149/\$710 | 249/\$355 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) (\$355.00) | | SUBTOTAL (3) (\$40.00) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. CLAIMS</p> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="2"></th> </tr> <tr> <th>Fee Code/Fee</th> <th>Fee Code/Fee</th> <th colspan="2">Fee Description</th> </tr> </thead> <tbody> <tr> <td>103/\$18</td> <td>203/\$9</td> <td colspan="2">Claims in excess of 20</td> </tr> <tr> <td>102/\$80</td> <td>202/\$40</td> <td colspan="2">Independent claims in excess of 3</td> </tr> <tr> <td>104/\$270</td> <td>204/\$135</td> <td colspan="2">Multiple dependent claim</td> </tr> <tr> <td>100/\$80</td> <td>200/\$40</td> <td colspan="2">Reissue independent claims over original patent</td> </tr> <tr> <td>110/\$18</td> <td>210/\$9</td> <td colspan="2">Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> | | | | Large Entity | Small Entity | | | Fee Code/Fee | Fee Code/Fee | Fee Description | | 103/\$18 | 203/\$9 | Claims in excess of 20 | | 102/\$80 | 202/\$40 | Independent claims in excess of 3 | | 104/\$270 | 204/\$135 | Multiple dependent claim | | 100/\$80 | 200/\$40 | Reissue independent claims over original patent | | 110/\$18 | 210/\$9 | Reissue claims in excess of 20 and over original patent | | <table border="1"> <thead> <tr> <th colspan="2">(Col. 1)</th> <th colspan="2">(Col. 2)</th> <th colspan="2">(Col. 3)</th> <th colspan="2"></th> </tr> <tr> <th>For</th> <th>No of Existing Claims</th> <th>Highest No Previously Paid For</th> <th>minus*</th> <th>Extra**</th> <th>Fee</th> <th>Fee Due</th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td>30</td> <td>20 or 0</td> <td>=</td> <td>10</td> <td>x 9</td> <td>= 90</td> </tr> <tr> <td>INDEP</td> <td>3</td> <td>3 or 0</td> <td>=</td> <td>0</td> <td>x 40</td> <td>= 0</td> </tr> <tr> <td colspan="8">[] First presentation of multiple dependent claim</td> </tr> </tbody> </table> | | | | (Col. 1) | | (Col. 2) | | (Col. 3) | | | | For | No of Existing Claims | Highest No Previously Paid For | minus* | Extra** | Fee | Fee Due | TOTAL | 30 | 20 or 0 | = | 10 | x 9 | = 90 | INDEP | 3 | 3 or 0 | = | 0 | x 40 | = 0 | [] First presentation of multiple dependent claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code/Fee | Fee Code/Fee | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103/\$18 | 203/\$9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102/\$80 | 202/\$40 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104/\$270 | 204/\$135 | Multiple dependent claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100/\$80 | 200/\$40 | Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110/\$18 | 210/\$9 | Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Col. 1) | | (Col. 2) | | (Col. 3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For | No of Existing Claims | Highest No Previously Paid For | minus* | Extra** | Fee | Fee Due | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | 30 | 20 or 0 | = | 10 | x 9 | = 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDEP | 3 | 3 or 0 | = | 0 | x 40 | = 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [] First presentation of multiple dependent claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>* Subtract the greater number of Col. 2</p> <p>** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3</p> | | | | SUBTOTAL (2) (\$90.00) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMITTED BY | | | | Complete (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Typed or Printed Name | | Lorrel A. Birnschein | | Reg. Number | | 46,555 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | |  | | Date | | 2/1/01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

[†] Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby